



*" Everybody should have a place to go fishin "*

June 15, 1999

Ken,

I mailed my May MRO on June 1<sup>st</sup>. I will make sure that all MRO's will be in by the 10<sup>th</sup> of the month.

I started checking the Free CL2 at the plant tap at the pumping station on May 28<sup>th</sup>.

In the Atterbury raw water distribution system I started checking Free and Total CL2 on June 1<sup>st</sup>.

In the soft water system, Nineveh, Prince's Lakes and surrounding rural areas, I started checking Free and Total CL2 on May 27<sup>th</sup> in the distribution system.

I have discussed this with my staff and we will be sampling CL2 residuals as required. I apologize for these oversights and can assure you they will not occur in the future.

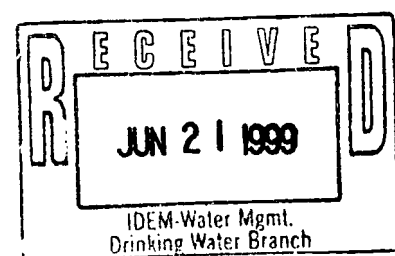
If you have any comments or questions, please feel free to call me at (812)526-2126.

Thank You,

*David B. Day*  
David B. Day,  
Supt. of Water

Enclosure

cc: Ken Brown - IDEM  
Johnson County Health Dept.





*" Everybody should have a place to go fishin' "*

This is a list of the Bac-T sampling sites effective June 1999.

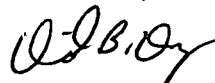
01 Pumping Station – Restroom Sink  
02 Old Booster Station – Sampling Tap  
03 Johnson County Park Office – Restroom Sink  
04 Treatment Plant – Raw Water Tap – Sink  
These are in the raw water system.

---

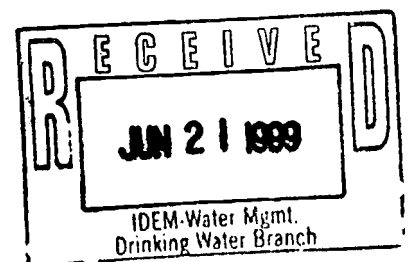
05 Treatment Plant – Soft Water Tap – Sink  
06 Job Corps – Kitchen Sink  
07 Unie Brooks Residence – Kitchen Sink  
08 Nineveh Fire Dept. – Kitchen Sink  
09 Prince's Lakes Town Hall – Kitchen Sink  
10 New Booster Station – Sampling Tap  
11 Allendale Christian Camp – Restroom Sink  
12 McFarland Dairy – Milk Storage Room Sink  
These are in the soft water system.

If you have any questions concerning these sampling sites, you can contact me at (812)526-2126.

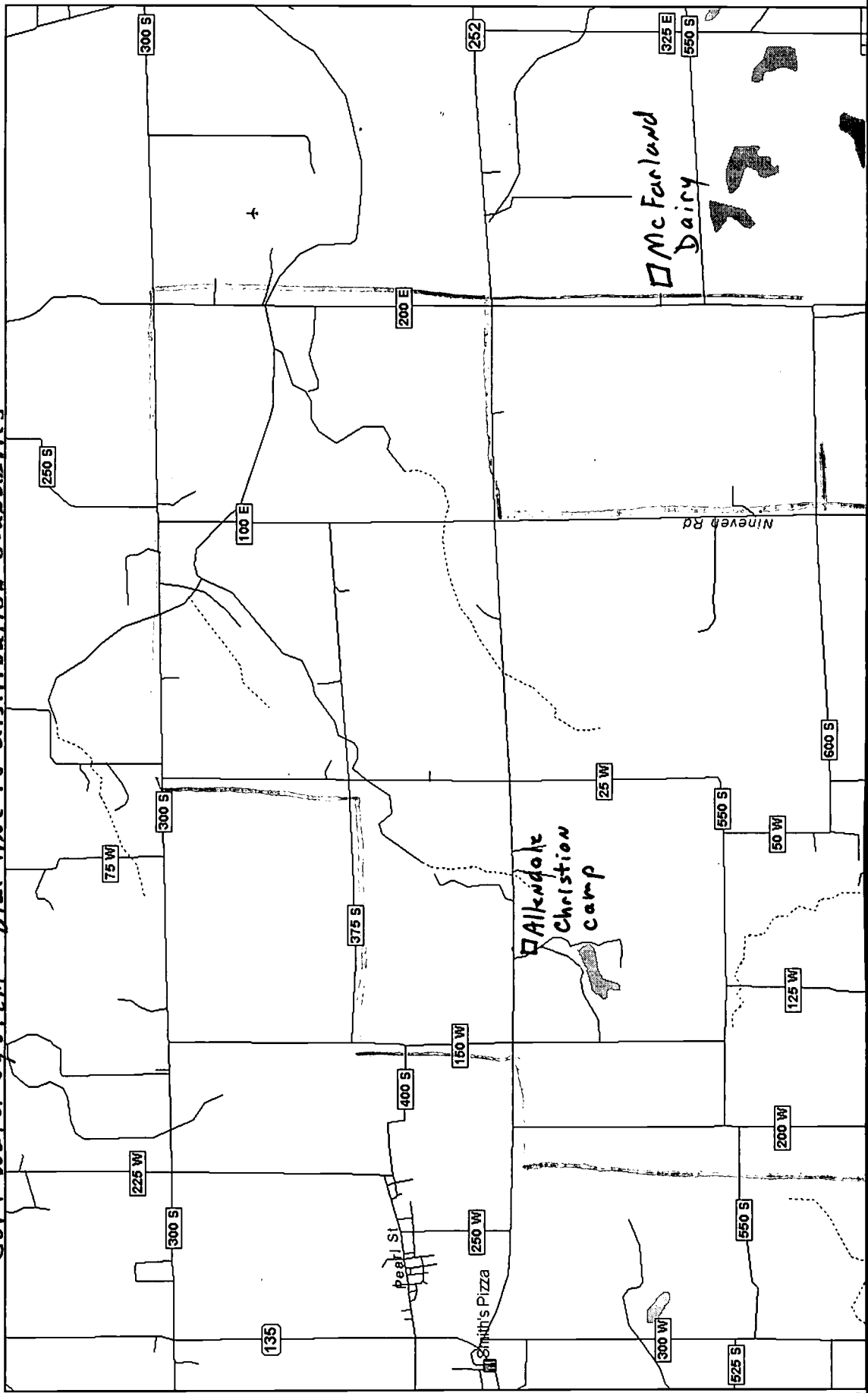
Thank You,

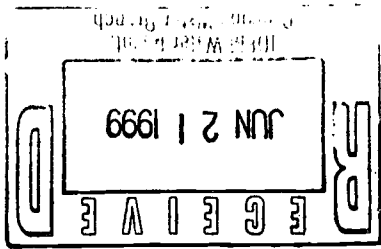
  
David B. Day

0001 S MLL

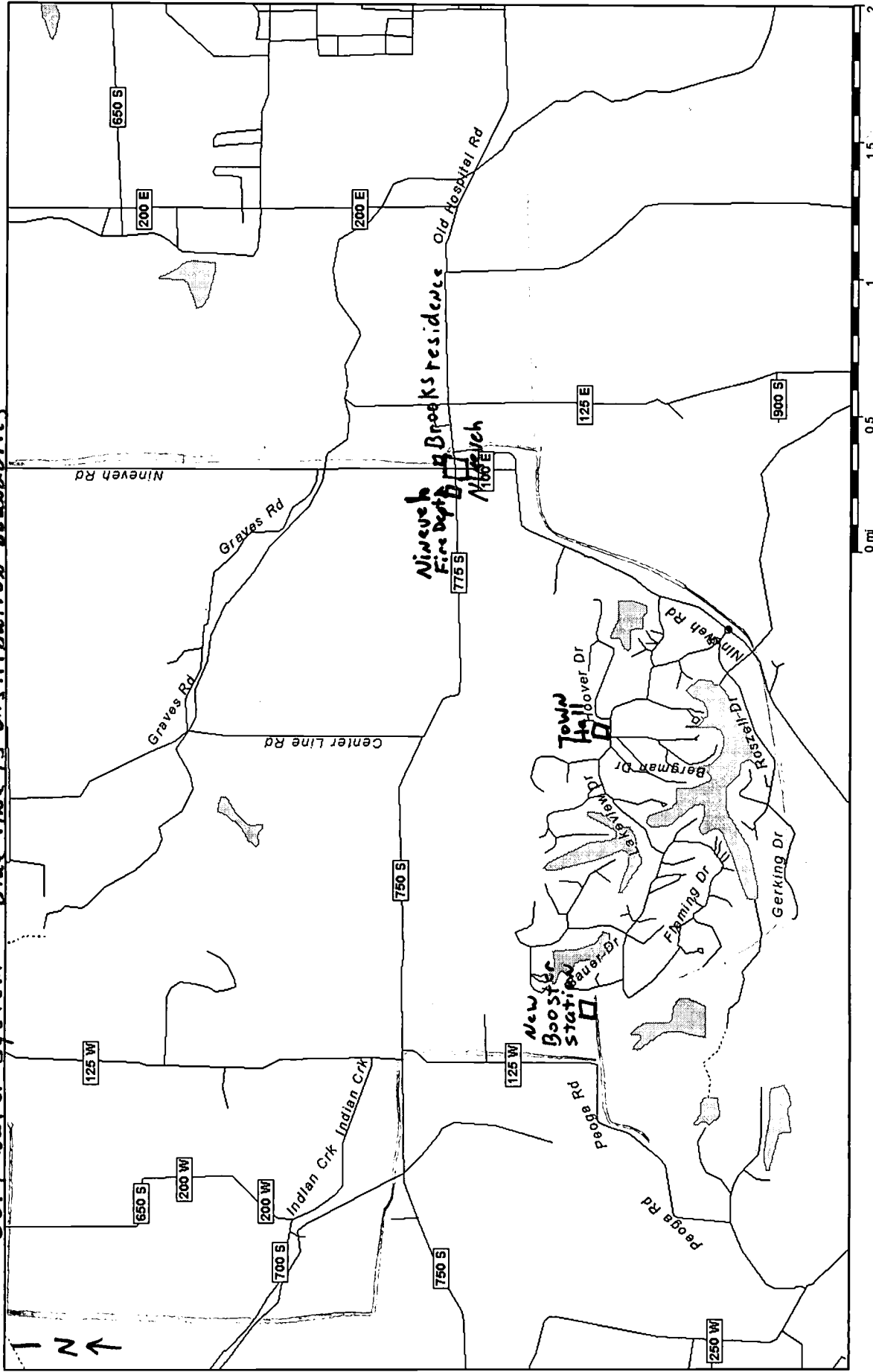


Soft Water system - Blue line is distribution boundaries



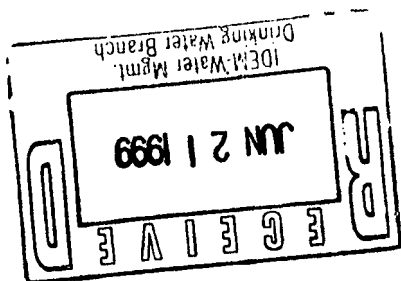


Soft water system - Blue line is distribution boundaries



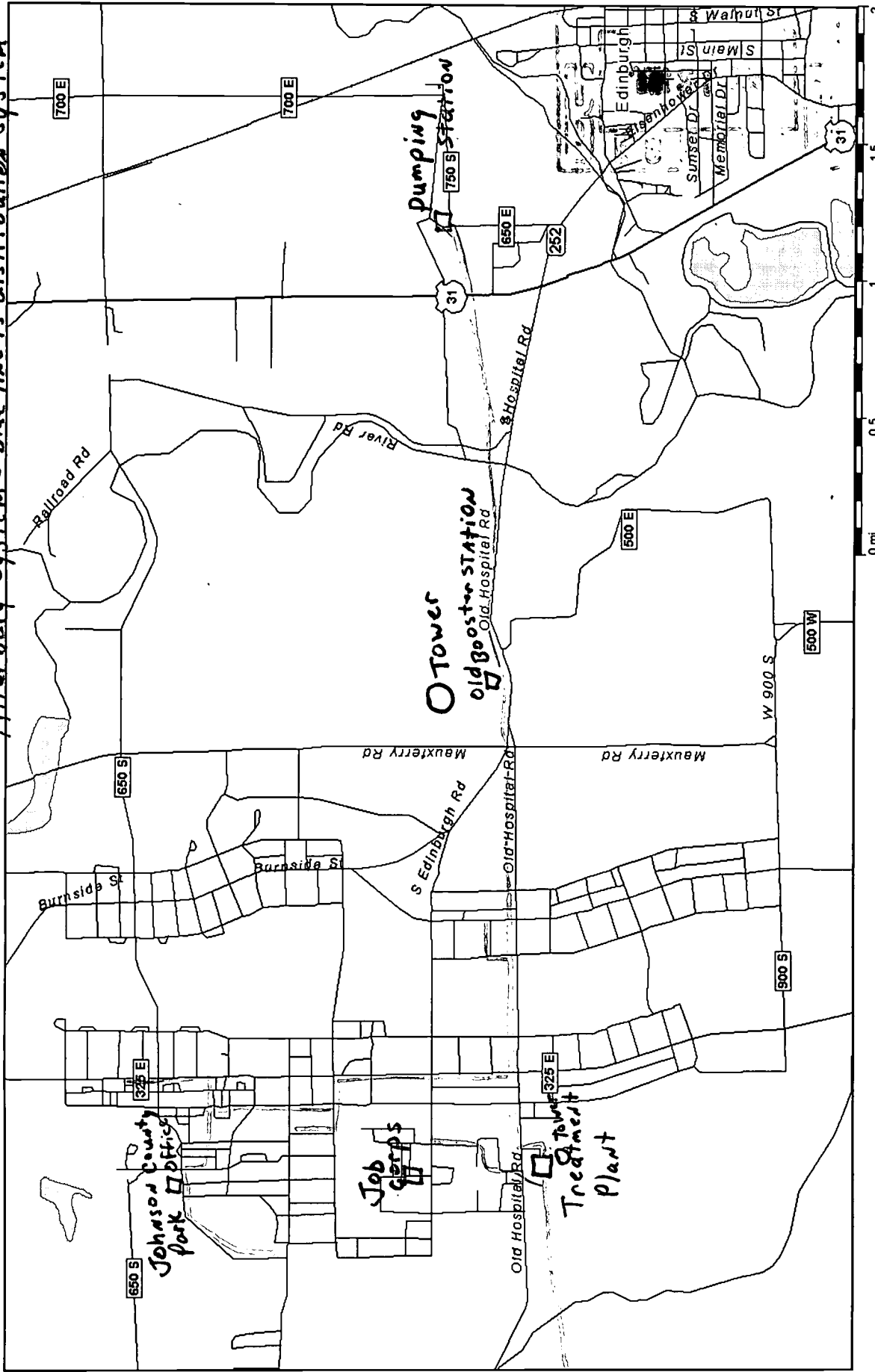
**StreetsPlus**

Map Title 1  
Map Title 2



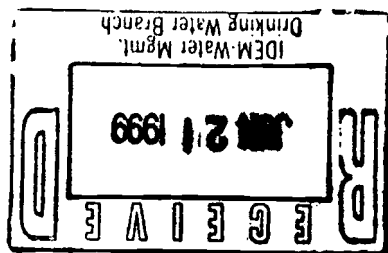


Atterbury System - Blue line is distribution system



# StreetsPlus

Map Title 1  
Map Title 2



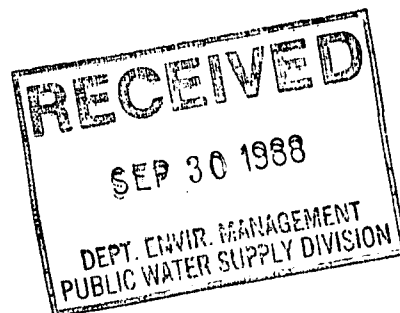
F-7  
24006

Jennings Water Inc.

R.R.1 BOX 1B  
NORTH VERNON IND. 47265

September 26, 1988

United States Environmental Protection Agency  
230 South Dearborn Street  
Chicago, IL 60604



Attention: Christine Urban (5WD-TUB-9 CU)

Regarding: Bacteriological Test Results For Month Of July For  
Jennings Water, Inc.

Our Utility is in receipt of your letter dated September 13, 1988, requesting public notification due to unsatisfactory bacteriological tests. We are pleased to herein explain the cause of this unsatisfactory bacteriological test and further to request your office delete the violation notice.

On July 26, 1988, our weekly bacteriological sample taken from Ezzo Meat Company was determined to be unsatisfactory by the Indiana State Board of Health laboratory report 24616. The same day a similar bacteriological sample was taken, within an hour of the unsatisfactory test at a location approximately 1.0 mile north of the Ezzo Meat Company, and it was determined to be satisfactory by I.S.B.H. laboratory report 24624.

As per our usual policy we secured a pair of check samples at the Ezzo Meat Company to verify validity of the unsatisfactory bacteriological resulting from the July 26 sample. The date and result of the check sample is as follows:

<u>Date of Check Sample</u>	<u>Outcome of Test</u>	<u>Laboratory Number</u>
August 8, 1988	Satisfactory	26071
August 9, 1988	Questionable	26500

\*\* Please note that both of these samples were labeled as make-up samples.

During this same period of time our personnel was installing a water line extension known as the Yeager extension. This line was flushed, chlorinated, and bacteriological test samples were sent to the I.S.B.H. for testing. The sample dates and out come was as follows:

<u>Date</u>	<u>Type of Sample</u>	<u>Outcome of Test</u>	<u>Laboratory Number</u>
07/26/88	1st of pair	satisfactory	23945
07/26/88	2nd of pair	unsatisfactory	24615
08/08/88	1st check sample	questionable	26073
08/09/88	2nd check sample	questionable	26430

The Yeager extension is in process of reesterilization and will be resampled with a pair of satisfactory prior to placing it in service.

We suggest that you review your records to determine if the check sample on the Yeager water main extension may have been confused with the Ezzo Meat Co. check samples which were taken on the same two dates. Please find enclosed copies of all of the subject bacteriological tests for your review. After your review please delete our notice of violation.

In terms of our utilities operational status, we have had no equipment malfunctions in any of our chemical feed equipment or pumping equipment either immediately before or after July 26, 1988. A chlorine residual of 0.4 ppm of chlorine is consistently maintained at the Ezzo Meat Company sampling location. We have had no water main maintenance activities in the vicinity of this sample point. Therefore, we are confident that the bacteriological test of July 26, 1988 was either from a sampling technique error or a contaminated sample bottle.

We regret this situation and anxiously await your response. Please contact our utility promptly to advise us of your review of this letter and your recommendations.

Very Truly Yours,



Beth Steiner,  
President

sah

CC: Arnie Viere, IDEM  
Ken Brown  
Jennings County Board of Health  
Pete King, Attorney  
Robert Curry

240006

Jennings Water Inc.

R.R.1 BOX 1B  
NORTH VERNON IND. 47265  
October 3, 1988

RECEIVED

OCT 12 1988

DEPT. ENVIR. MANAGEMENT  
PUBLIC WATER SUPPLY DIVISION

PUBLIC NOTICE TO ALL JENNINGS WATER, INC., CUSTOMERS:

RE: Bacteriological Sampling of Jennings Water, Inc.,  
During Week of July 28, 1988

Our utility is required to obtain two water samples each week from the water distribution system and send them to the Indiana State Board of Health for bacteriological testing. These samples are tested to determine the presence of coliform bacteria. Although coliform bacteria is not a health threat, it is an indicator of the presence of pathogenic bacteria, which is a disease causing bacteria.

In the normal course of our weekly bacteriological sampling, one of the two samples taken during the week of July 25, 1988, indicated the presence of coliform bacteria. Two additional samples were taken at the same point to validate the unsatisfactory sample and one of those samples was then determined to be unsatisfactory. Therefore, Jennings Water, Inc., is required by the U.S.E.P.A. to notify all customers of this bacteriological test which was taken on July 26, 1988. The requirement to notify our customers is a part of the "Safe Drinking Water Act."

Jennings Water, Inc.'s operational status has not changed and we have had no equipment malfunctions in any of our chemical feed equipment or pumping equipment either immediately before or after July 26, 1988. A chlorine residual of 0.4 ppm of chlorine is consistently maintained at the point of the sampling location. We have had no water main maintenance activities in the vicinity of this sample point. Therefore, we suspect that the bacteriological test of July 26, 1988, was either from a sampling technique error or a contaminated sample bottle.

We are endeavoring to produce an excellent quality of water for our customers and to comply with all aspects of the "Safe Drinking Water Act." We encourage all customers to contact our office if you have any questions concerning this situation or any other matter concerning your water service.

Very Truly Yours,

JENNINGS WATER, INC.

*Beth Steiner*

Beth Steiner, President

CC: Christine Urban, U.S.E.P.A.  
Arnie Viere, I.D.E.M.  
Ken Brown, I.D.E.M.  
Jennings County Board of Health  
Peter King, Attorney  
Robert Curry, Engineer

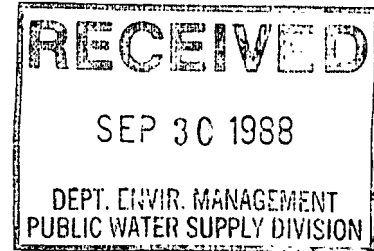
F-7  
240066

Jennings Water Inc.

~~104~~  
P 12  
Jennings City

R.R.1 BOX 1B  
NORTH VERNON IND. 47265

September 26, 1988



United States Environmental Protection Agency  
230 South Dearborn Street  
Chicago, IL 60604

Attention: Christine Urban (5WD-TUB-9 CU)

Regarding: Bacteriological Test Results For Month Of July For  
Jennings Water, Inc.

Our Utility is in receipt of your letter dated September 13, 1988, requesting public notification due to unsatisfactory bacteriological tests. We are pleased to herein explain the cause of this unsatisfactory bacteriological test and further to request your office delete the violation notice.

On July 26, 1988, our weekly bacteriological sample taken from Ezzo Meat Company was determined to be unsatisfactory by the Indiana State Board of Health laboratory report 24616. The same day a similar bacteriological sample was taken, within an hour of the unsatisfactory test at a location approximately 1.0 mile north of the Ezzo Meat Company, and it was determined to be satisfactory by I.S.B.H. laboratory report 24624.

As per our usual policy we secured a pair of check samples at the Ezzo Meat Company to verify validity of the unsatisfactory bacteriological resulting from the July 26 sample. The date and result of the check sample is as follows:

<u>Date of Check Sample</u>	<u>Outcome of Test</u>	<u>Laboratory Number</u>
August 8, 1988	Satisfactory	26071
August 9, 1988	Questionable	26500

\*\* Please note that both of these samples were labeled as make-up samples.

During this same period of time our personnel was installing a water line extension known as the Yeager extension. This line was flushed, chlorinated, and bacteriological test samples were sent to the I.S.B.H. for testing. The sample dates and out come was as follows:

<u>Date</u>	<u>Type of Sample</u>	<u>Outcome of Test</u>	<u>Laboratory Number</u>
07/26/88	1st of pair	satisfactory	23945
07/26/88	2nd of pair	unsatisfactory	24615
08/08/88	1st check sample	questionable	26073
09/09/88	2nd check sample	questionable	26430

The Yeager extension is in process of reesterilization and will be resampled with a pair of satisfactory prior to placing it in service.

We suggest that you review your records to determine if the check sample on the Yeager water main extension may have been confused with the Ezzo Meat Co. check samples which were taken on the same two dates. Please find enclosed copies of all of the subject bacteriological tests for your review. After your review please delete our notice of violation.

In terms of our utilities operational status, we have had no equipment malfunctions in any of our chemical feed equipment or pumping equipment either immediately before or after July 26, 1988. A chlorine residual of 0.4 ppm of chlorine is consistently maintained at the Ezzo Meat Company sampling location. We have had no water main maintenance activities in the vicinity of this sample point. Therefore, we are confident that the bacteriological test of July 26, 1988 was either from a sampling technique error or a contaminated sample bottle.

We regret this situation and anxiously await your response. Please contact our utility promptly to advise us of your review of this letter and your recommendations.

Very Truly Yours,



Beth Steiner,  
President

sah

CC: Arnie Viere, IDEM  
Ken Brown  
Jennings County Board of Health  
Pete King, Attorney  
Robert Curry

FR  
file  
F07  
248006

---

**Jennings Water Inc.**

R.R.1 BOX 1B  
NORTH VERNON IND. 47265  
October 3, 1988

PUBLIC NOTICE TO ALL JENNINGS WATER, INC., CUSTOMERS:

RE: Bacteriological Sampling of Jennings Water, Inc.,  
During Week of July 28, 1988

Our utility is required to obtain two water samples each week from the water distribution system and send them to the Indiana State Board of Health for bacteriological testing. These samples are tested to determine the presence of coliform bacteria. Although coliform bacteria is not a health threat, it is an indicator of the presence of pathogenic bacteria, which is a disease causing bacteria.

In the normal course of our weekly bacteriological sampling, one of the two samples taken during the week of July 25, 1988, indicated the presence of coliform bacteria. Two additional samples were taken at the same point to validate the unsatisfactory sample and one of those samples was then determined to be unsatisfactory. Therefore, Jennings Water, Inc., is required by the U.S.E.P.A. to notify all customers of this bacteriological test which was taken on July 26, 1988. The requirement to notify our customers is a part of the "Safe Drinking Water Act."

Jennings Water, Inc.'s operational status has not changed and we have had no equipment malfunctions in any of our chemical feed equipment or pumping equipment either immediately before or after July 26, 1988. A chlorine residual of 0.4 ppm of chlorine is consistently maintained at the point of the sampling location. We have had no water main maintenance activities in the vicinity of this sample point. Therefore, we suspect that the bacteriological test of July 26, 1988, was either from a sampling technique error or a contaminated sample bottle.

We are endeavoring to produce an excellent quality of water for our customers and to comply with all aspects of the "Safe Drinking Water Act." We encourage all customers to contact our office if you have any questions concerning this situation or any other matter concerning your water service.

Very Truly Yours,

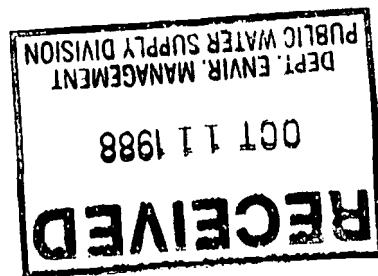
JENNINGS WATER, INC.

*Beth Steiner*

Beth Steiner, President

CC: Christine Urban, U.S.E.P.A.  
Arnie Viere, I.D.E.M.  
Ken Brown, I.D.E.M.  
Jennings County Board of Health  
Peter King, Attorney  
Robert Curry, Engineer







F-7

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

105 South Meridian Street  
P.O. Box 6015  
Indianapolis 46206-6015  
Telephone 317-232-8603

July 14, 1989

Mr. Don Woodward, Superintendent  
Jennings County Water, Inc.  
R. R. #1B  
North Vernon, IN 47265

Re: PWSID #240006

Dear Mr. Woodward:

The water sample collected by you on July 5, 1989, at Wahlman Dairy Farm, had coliform index of more than 16 per 100 milliliters.

In order to meet the requirements for proper surveillance of public water supplies, it is necessary that this same point be resampled daily until two consecutive negative samples have been produced.

This resampling is in addition to your routine sampling schedule. The bacteriological report form returned with the daily check samples should be clearly marked as a check sample (EFA)(C) with the appropriate circle so the results will be excluded from your official monthly average.

An additional (third) sample from this point, or one from another routine sampling point, may be necessary as a replacement for the original routine sample with unsatisfactory results, if you have not met the required amount of samples for your compliance schedule. Mark the replacement sample as a distribution sample (D), noting in the "Remarks" that it is a replacement sample and the original date of submission for which this sample is intended to replace.

At the same time you should be trying to find out why the contamination appeared. Report your findings to this office.

If you do not have sufficient bottles on hand for these extra samples, please advise the Water and Sewage Laboratory office at AC 317/633-0232 immediately.

Very truly yours,

*Arnold J. Viere*

Arnold J. Viere, Chief  
Public Water Supply Section  
Office of Water Management

RK/jh

cc: Mr. Ken Brown  
Ms. Pam Read

An Equal Opportunity Employer

DO NOT WRITE IN THIS SPACE

Ship No. 076383Date Rep. JUL 10 1989

## INDIANA STATE BOARD OF HEALTH

Environmental Laboratory Division

1330 West Michigan Street

P.O. Box 1964

Indianapolis, Indiana 46206-1964

PUBLIC WATER SUPPLY  
BACTERIOLOGICAL REPORT FORM

DO NOT WRITE IN THIS SPACE

21893 JUL 06 1989

Lab No. B

Date Received

22 - 27

FILL IN THIS SPACE. USE SOFT PENCIL OR BLACK INK  
Indiana State Board of Health is to mail report to

JENNINGS WATER, INC.  
(Name)  
R.R. #1 Box #1 B  
(Street)  
NORTH VERNON IN 47265  
(City or Town) (Zip)

## SAMPLE DATA

(To Be Completed By Supplier)

PLEASE read instructions on back of last copy

PWS ID

2 4 0 0 0 6 0 5 3 0 0 0  
1 - 7 8 - 9 10 - 13

Name of Organization JENNINGS WATER, INC.  
City or Town NORTH VERNON  
County JENNINGS Phone (812) 346-5874  
Superintendent Don Woodward  
Collected by Don Woodward  
Sampling Address WAHLMAN DAIRY FARM  
Which tap MILK ROOM  
Chlorine residual 0.2

LOCATION  
CODE

0 0 1  
28 - 30

DATE

Mo. Day Yr.

0 7 0 5 8 9  
31 - 36

TYPE (Check appropriate circle)

- ☒ D — Distribution Sample  
☐ P — Plant Tap Sample  
☐ R — Raw Water Sample  
☐ S — Special Purpose Sample  
☐ C — Check Sample (EFA)

37

TIME

1 1 5 0  
38 - 41

REMARKS

An Additional Copy of Results Should Be Sent To:

JENNINGS CO. HEALTH DEPT.  
(Name)  
P.O. Box #323  
(Street)  
VERNON IN 47282  
(City or Town) (Zip)

## ANALYSIS DATA

(To Be Completed By Lab)

Portioca in MI	LST Broth Positive Tubes		B.G.B. Positive Tubes				Coliform Confirmed
	24 Hr.	48 Hr.	On 24 Hr LST		On 48 Hr LST		
			24 Hr.	48 Hr.	24 Hr.	48 Hr.	
			B.G.B.	B.G.B.	B.G.B.	B.G.B.	
5-10	5		5				5

METHOD (Check appropriate circle)

MF MPN - 10 ml. MPN - 100 ml.  
☐ 3 0 3 ☒ 3 0 5 ☐ 3 0 7  
14 - 16 14 - 16 14 - 16

RESULT

0 0 0 5  
17 - 20

0  
21

DATE RECEIVED

See above  
22 - 27

If MF is checked (14-16), the RESULT (17-20) is  
COLIFORM PER 100 ml.If MPN is checked (14-16), the RESULT (17-20) is  
NUMBER OF POSITIVE TUBES.

## REPORT OF SAMPLES

- ☐ SATISFACTORY  
☐ WATER QUALITY QUESTIONABLE  
☒ UNSATISFACTORY  
☐ SUBMIT TWO CHECK SAMPLES FROM THIS SAME  
SAMPLING POINT. (ONE EACH DAY FOR TWO DAYS IN  
A ROW.)  
☐ NOT VALID BECAUSE  
☐ There was too long a time between collection of sample  
and receipt for examination.  
☐ The water sample bottle was broken in shipment.  
☐ The water sample contained Cl<sup>2</sup> residual.  
☐ There was an overgrowth in MF test.  
☐ Other  
☐ WE ADVISE THAT ANOTHER SAMPLE BE SUBMITTED.

LAB ID

5 2 4 9 2  
42 - 46

ANALYZED BY

Do Not Write in This Space

(Name)

(Street)

(City or Town)

IN

(Zip)



*NanCom Johnson Co General*

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

2410905

105 South Meridian Street  
P.O. Box 6015

Indianapolis 46206-6015

Telephone 317/232-8603

September 25, 1991

Johnson County Health Department  
Attn: Mr. Randy Pease  
86 West Court Street  
Franklin, IN 46131-2345

Re: Incomplete Information  
PWSID # ^C

Dear Mr. Pease:

We have recently received your bacteriological report form. The form was not completed in its entirety and therefore could not be processed as we may not alter your form(s). The following information must be provided.

( )	Correct Mailing Address
( <input checked="" type="checkbox"/> )	Public Water Supply Identification Number (PWSID)
( )	Name of Organization
( )	City or Town
( )	County
( )	Water Department Superintendent
( )	Sample Collected by
( )	Sampling Address
( )	Location Code
( )	Date of Collection
( )	Time of Collection
( <input checked="" type="checkbox"/> )	Sample Type (D,R,O)
( )	Remarks
( )	Additional Addresses
( )	Telephone Number

The omission of data from the report form causes SIGNIFICANT problems for our data processing people and, of course, leads to an incomplete database. Please complete and return this form as soon as possible in order to maintain compliance. Otherwise, corrected report forms not returned promptly may result in noncompliance for the specified time period.

If you need further assistance with the proper completion of your form or have questions regarding this notification, please contact the Drinking Water Branch at AC 317/233-4187.

Very truly yours,

*Susan J. Baker*

Susan J. Baker  
Compliance/Technical Assistance Section  
Drinking Water Branch  
Office of Water Management

SJB/rr

Enclosure

cc: Country Kitchen

# FREE

## HEALTH OFFICIAL/PUBLIC WATERS REPORT FORM

Shipping No. **110566****0993**

INDIANA STATE BOARD OF HEALTH  
Environmental Laboratory Division  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, Indiana 46206-1964

Date Rep. **SEP 13 1991**

Sample Number

**SEP 09 1991**

Date Received

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL  
NOT BE ANALYZED USE SOFT PENCIL OR BLACK INK

Indiana State Board of Health is to mail report to

JOHNSON CO HEALTH DEPT  
(Name)86 W COURT ST  
(Street)FRANKLIN IN 46131-2345  
(City or Town) (Zip)SAMPLE SUBMITTED BY: RANDALL L PEASE☒ HEALTH OFFICIAL JOHNSON COUNTYIDENTIFICATION  
NUMBER

--	--	--	--	--	--

BOTTLE  
NUMBER

--	--

### SAMPLE SOURCE (CHECK ONE) AND DESCRIPTION

☒ Drinking Water ☐ Swimming Pool ☐ Spa/Hot Tub☐ Bathing Beach ☐ Surface Water-  
Ditch, etc. ☐ Ice☐ Meat/poultry Plant ☐ Bottled Water ☐ Dairy☐ OTHERNAME/ORGANIZATION COUNTRY KITCHENADDRESS RR 3 BOX 343 TRAFALGARLOCATION KITCHEN HANDSINKDATE COLLECTED 9/9/91 TIME COLLECTED 9:50 AM

ADDITIONAL REPORTS ARE TO BE MAILED TO:

(Name)

(Street)

(City or Town)

IN

(Zip)

### ANALYSIS DATA--TO BE COMPLETED BY LAB

TEST: TOTAL COLIFORM

METHOD: \*

☐ MTF ☐ Membrane Filtration ☐ Presence/AbsenceRESULT: **PRESENT**TEST: ☐ Fecal Coliform ☐ E Coli

METHOD: \*

☐ MTF ☐ Membrane Filtration ☐ Presence/AbsenceRESULT: **ABSENT** ☐ Pseudomonas Detected

\*If MTF is checked the result is number of positive tubes.

If MF is checked the result is organisms per 100 ml.

If P/A is checked the result is presence (P) or absence (A).

HETEROTROPHIC PLATE COUNT \_\_\_\_/1.0 ML \_\_\_\_/0.1 ML

### REPORT OF SAMPLES

☐ SATISFACTORY: At examination time, this water was bacteriologically safe based on USEPA standards.☐ UNSATISFACTORY: At examination time, this water was bacteriologically unsafe.☐ PLEASE SUBMIT ANOTHER SAMPLE:  
TEST NOT VALID BECAUSE:☐ Too long in transit (more than 48 hours)☐ Invalid/no collection date☐ Sample type not designated☐ Other

**FREE**

DO NOT WRITE IN THIS SPACE

Shipping No. 104687

Date Rep. \_\_\_\_\_

INDIANA STATE BOARD OF HEALTH  
Environmental Laboratory Division  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, Indiana 46208-1964

Bacteriological Examination  
of Private Water  
And Other Waters Not On Schedule

DO NOT WRITE IN THIS SPACE

Lab. No. H. \_\_\_\_\_

Date Rec. \_\_\_\_\_

Code No. H. \_\_\_\_\_

HEALTH OFFICIAL FORM

FILL IN THIS SPACE. USE SOFT PENCIL OR BLACK INK  
Indiana State Board of Health is to mail report to

JOHNSON Co. HEALTH DEPT  
(Name)

86 W. COURT ST  
(Street)

FRANKLIN IN 46131-2345  
(City or Town) (Zip)

All Samples Must Be Received in the Laboratory Not  
Later Than Friday Noon of Any Week

BOTTLE NO. \_\_\_\_\_ COUNTY JOHNSON

- Name COUNTRY KITCHEN
- Address RR 3 BOX 343 TRAFALGAR  
IN 46181
- Meat or Poultry Plant (check) Yes ☐ No ☐
- Collected by RANDALL L PEASE
- Place Collected KITCHEN 3-COMP. SINK  
(Tell where sample was collected. Do not say "Tap")
- Date and Hour Collected 9/9/91 10:50 AM  
9:50
- Source of Sample (Underline) DRUG  
Dug, drilled or driven well, spring or cistern, or public water.

Do not write in this space

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_

(City or Town) \_\_\_\_\_ IN \_\_\_\_\_ (ZIP) \_\_\_\_\_

Do not write in this space LABORATORY EXAMINATION							
Portions In ml	LST Broth Positive Tubes		B.G.B. Positive Tubes				Colliform Confirmed
	24 Hr.	48 Hr.	On 24 Hr LST		On 48 Hr LST		
			24 Hr. B.G.B.	48 Hr. B.G.B.	24 Hr. B.G.B.	48 Hr. B.G.B.	
5-10							
1-1							

REPORT OF SAMPLE

Most Probable Number  
Colliform Per 100 ml.

Less than 2.2	
More than 16	

Membrane Filter - Colliform Per 100 ml. \_\_\_\_\_

- ☐ SATISFACTORY. At the time of examination, this water was bacteriologically safe for drinking and culinary purposes.
- ☐ UNSATISFACTORY. At the time of examination, this water was bacteriologically unsafe. It should not be used for drinking and culinary purposes unless boiled or treated.
- ☐ EXAMINATION OF SAMPLE WAS NOT MADE BECAUSE
  - ☐ The water sample bottle was broken in shipment.
  - ☐ There was too long a time between collection of sample and receipt for examination.
  - ☐

Space No. 3

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_

(City or Town) \_\_\_\_\_ IN \_\_\_\_\_ (Zip) \_\_\_\_\_

# HEALTH OFFICIAL/PUBLIC WATERS REPORT FORM

Shipping No. \_\_\_\_\_

SEP 13 1991

INDIANA STATE BOARD OF HEALTH  
Environmental Laboratory Division  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, Indiana 46206-1964

Sample Number 0992

SEP 09 1991

Date Rep. \_\_\_\_\_

Date Received \_\_\_\_\_

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL  
NOT BE ANALYZED USE SOFT PENCIL OR BLACK INK

Indiana State Board of Health is to mail report to

(Name) Johnson County Health Dept

(Street) 86 W. Court St

(City or Town) Franklin IN 4631-2345 (Zip)

SAMPLE SUBMITTED BY Randall A. Pass

☒ HEALTH OFFICIAL Johnson COUNTY

IDENTIFICATION NUMBER      BOTTLE NUMBER     

## SAMPLE SOURCE (CHECK ONE) AND DESCRIPTION

- ☒ Drinking Water ☐ Swimming Pool ☐ Spa/Hot Tub
- ☐ Bathing Beach ☐ Surface Water Ditch, etc. ☐ Ice
- ☐ Meat/poultry Plant ☐ Bottled Water ☐ Dairy
- ☐ OTHER \_\_\_\_\_

NAME/ORGANIZATION County Zitchen

ADDRESS PO Box 343 Trafalgar

LOCATION Zitchen 3rd Comp. sink

DATE COLLECTED 9-9-91 TIME COLLECTED 0950

## ADDITIONAL REPORTS ARE TO BE MAILED TO:

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_

(City or Town) \_\_\_\_\_ IN \_\_\_\_\_ (Zip) \_\_\_\_\_

## ANALYSIS DATA--TO BE COMPLETED BY LAB

TEST: TOTAL COLIFORM

METHOD: \*

- ☐ MTF ☐ Membrane Filtration ☒ Presence/Absence

RESULT: PRESENT

TEST: ☒ Fecal Coliform ☐ E Coli

METHOD: \*

- ☐ MTF ☐ Membrane Filtration ☒ Presence/Absence

RESULT: ABSENT ☐ Incidental Pseudomonas Detected

\*If MTF is checked the result is number of positive tubes.  
If MF is checked the result is organisms per 100 ml.  
If P/A is checked the result is presence (P) or absence (A).

HETEROTROPHIC PLATE COUNT \_\_\_\_\_/1.0 ML \_\_\_\_\_/0.1 ML

## REPORT OF SAMPLES

- ☐ SATISFACTORY: At examination time, this water was bacteriologically safe based on USEPA standards.
- ☐ UNSATISFACTORY: At examination time, this water was bacteriologically unsafe.
- ☐ PLEASE SUBMIT ANOTHER SAMPLE:  
TEST NOT VALID BECAUSE:
- ☐ Too long in transit (more than 48 hours)
- ☐ Invalid/no collection date
- ☐ Sample type not designated
- ☐ Other \_\_\_\_\_



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Non Com 2840198  
Vigo Co. General

105 South Meridian Street  
P.O. Box 6015

Indianapolis 46206-6015  
Telephone 317/232-8603

September 19, 1991

Vigo County Health Department  
Attn: Mr. Redicks  
201 Cherry Street  
Terre Haute, IN 47807-2986

Re: Incomplete Information  
PWSID # ^C

Dear Mr. Redicks:

We have recently received your bacteriological report form. The form was not completed in its entirety and therefore could not be processed. The following information must be provided.

( )	Correct Mailing Address
( ✓ )	Public Water Supply Identification Number (PWSID)
( )	Name of Organization
( )	City or Town
( )	County
( )	Water Department Superintendent
( )	Sample Collected by
( )	Sampling Address
( )	Location Code
( )	Date of Collection
( )	Time of Collection
( ✓ )	Sample Type (D,P,R,S,C,O)
( )	Remarks
( )	Additional Addresses
( )	Telephone Number

The omission of data from the report form causes SIGNIFICANT problems for our data processing people and, of course, leads to an incomplete database. Please complete and return this form as soon as possible in order to maintain compliance. Otherwise, corrected report forms not returned promptly may result in noncompliance for the specified time period.

If you need further assistance with the proper completion of your form or have questions regarding this notification, please contact the Drinking Water Branch at AC 317/233-4187.

Very truly yours,

Susan G. Baker  
Compliance/Technical Assistance Section  
Drinking Water Branch  
Office of Water Management

SJB/rr

Enclosure



Non Com

# HEALTH OFFICIAL/PUBLIC WATERS REPORT FORM

Shipping No. **110647**

**SEP 09 1991**

Date Rep. \_\_\_\_\_

INDIANA STATE BOARD OF HEALTH  
Environmental Laboratory Division  
1330 West Michigan Street  
P.O. Box 1964  
Indianapolis, Indiana 46206-1964

Sample Number **0913**

**SEP 04 1991**

Date Received \_\_\_\_\_

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL  
NOT BE ANALYZED USE SOFT PENCIL OR BLACK INK

Indiana State Board of Health is to mail report to

(Name) **VIGO COUNTY HEALTH DEPARTMENT**

(Street) **201 Cherry Street**

(City or Town) **TERRE HAUTE, INDIANA 47807-2986**

IN (Zip) \_\_\_\_\_

SAMPLE SUBMITTED BY: Redicks

☒ HEALTH OFFICIAL Vigo COUNTY

IDENTIFICATION NUMBER 

--	--	--	--	--	--

 BOTTLE NUMBER 

0	1
---	---

*Non Com*  
SAMPLE SOURCE (CHECK ONE) AND DESCRIPTION

- ☒ Drinking Water ☐ Swimming Pool ☐ Spa/Hot Tub
- ☐ Bathing Beach ☐ Surface Water-Ditch, etc. ☐ Ice
- ☐ Meat/poultry Plant ☐ Bottled Water ☐ Dairy
- ☐ OTHER \_\_\_\_\_

NAME/ORGANIZATION Prarie Creek park

ADDRESS \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE COLLECTED 9-3-91 TIME COLLECTED 1:30 PM

ADDITIONAL REPORTS ARE TO BE MAILED TO:

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_

(City or Town) \_\_\_\_\_ IN \_\_\_\_\_ (Zip) \_\_\_\_\_

## ANALYSIS DATA--TO BE COMPLETED BY LAB

TEST: TOTAL COLIFORM

METHOD:\*

- ☐ MTF ☐ Membrane Filtration ☒ Presence/Absence

RESULT: **ABSENT**

TEST: ☒ Fecal Coliform ☐ E Coli

METHOD:\*

- ☐ MTF ☐ Membrane Filtration ☒ Presence/Absence

RESULT: **ABSENT** ☐ Incidental Pseudomonas Detected ☐

\*If MTF is checked the result is number of positive tubes.

If MF is checked the result is organisms per 100 ml.

If P/A is checked the result is presence (P) or absence (A).

HETEROTROPHIC PLATE COUNT \_\_\_\_/1.0 ML \_\_\_\_/0.1 ML

## REPORT OF SAMPLES

☒ SATISFACTORY: At examination time, this water was bacteriologically safe based on USEPA standards.

☐ UNSATISFACTORY: At examination time, this water was bacteriologically unsafe.

☐ PLEASE SUBMIT ANOTHER SAMPLE:  
TEST NOT VALID BECAUSE:

- ☐ Too long in transit (more than 48 hours)
- ☐ Invalid/no collection date
- ☐ Sample type not designated
- ☐ Other \_\_\_\_\_

NON-COMMUNITY PUBLIC WATER SYSTEMS IN INDIANA  
 == QUARTERLY SITES FAILING TO MONITOR AND REPORT ==  
 === FOR THE QUARTER 07/01/88 TO 09/30/88 ===

REPORT DATE: 10/17/88

PAGE 1

COUNTY: JOHNSON

THE FOLLOWING SITES DID NOT SUBMIT A DRINKING  
 WATER SAMPLE ANALYSIS FOR THE QUARTER 07/01/88 TO 09/30/88

ID	SITE NAME / CONTACT PERSON	MAILING ADDRESS/ CITY, ZIP CODE	CLASS CODE	LAST BACT DATE	SAMPLE TYPE
2410007	Clark Elementary School Mr. Wendt	R.R. 2 Franklin 46131	301	04/20/88	N
2410008	Hopewell Elementary School Franklin Community School Corp	998 Grizzly Cub Dr. Franklin 46131	301	06/07/88	N
2410916	Shell Oil-ATC Owner. or Operator	I-65 & S.R. 44 Franklin 46131	406	06/10/88	N
2410917	Shell Oil-ATEC Owner or Operator	1183 E. Main Greenwood 46142	406	06/20/88	N
2410919A	Rexham Industires Owner or Operator	P.O. Box 188 Edinburgh 46124	303	06/20/88	N
2410919B	Rexham Industries Owner or Operator	P.O. Box 188 Edinburgh 46124	303	06/20/88	N

-----  
 | NON-COMMUNITY PUBLIC WATER SYSTEMS IN INDIANA |  
 | == QUARTERLY SITES REQUIRING REMINDER LETTERS == |  
==== FOR THE QUARTER 10/01/87 TO 12/31/87 ====

AS OF: 01/13/88  
 COUNTY: JOHNSON

PAGE 1

THE FOLLOWING SITES HAVE NOT YET SUBMITTED  
 A DRINKING WATER SAMPLE ANALYSIS THIS QUARTER

ID	SITE NAME / CONTACT PERSON	MAILING ADDRESS/ CITY, ZIP CODE	CLASS CODE	LAST BACT DATE	SAMPLE TYPE
2410007	Clark Elementary School Mr. Wendt	R.R. 2 Franklin 46131	301	07/08/87	N

-----  
 |       NON-COMMUNITY PUBLIC WATER SYSTEMS IN INDIANA       |  
 |   == ANNUAL SITES FAILING TO MONITOR AND REPORT ==   |  
===== FOR THE YEAR 1987       =====

REPORT DATE: 01/13/88  
 COUNTY: JOHNSON

PAGE 1

THE FOLLOWING SITES DID NOT SUBMIT A  
 DRINKING WATER SAMPLE ANALYSIS FOR 1987

ID	SITE NAME / CONTACT PERSON	MAILING ADDRESS/ CITY, ZIP CODE	CLASS CODE	LAST BACT DATE	SAMPLE TYPE
2410003	Hilltop Motel Dhwanila Patel	R.R. 5 Box 214 Franklin 46131	101	10/21/83	
2410004	Land-O-Nod Robert Wilham	R.R. 5 U.S 31 Franklin 46131	101	10/17/83	
2410024	Hillview Country Club Dick Bradow	1800 E. King St. Franklin 46131	413	10/19/83	
2410052	Walters Truck Stop Jim Burchim	P.O. Box 235 Whiteland 46184	406	10/21/83	
2410079	Millies Desperation Depot Mildred Stemle	R.F.D. 5 U.S. 31 Franklin 46131	201	10/17/83	
2410103	Frosty Queen Alene Hogue	S.R. 135 Trafalgar 46181	201	10/24/83	
2410127	Amity Baptist Church Chuck Williams	R.R. 5 Box 112 Franklin 46131	405	10/21/83	
2410130	Shiloh Community Church Dan Lamey	R.R. 4 Box 17 Franklin 46131	405	10/21/83	
2410144	Community Congregational John Iliff	R.R. 2 Box 54 Franklin 46131	405	/ /	
2410146	Walters Chapel of the Nazare Becky Talhelm	R.R. 5 Box 304 B Franklin 46131	405	10/25/83	
2410148	Union Christian Church Dianna Palusko	Rt. 3 Box 77 Franklin 46131	405	10/24/83	
2410149	Franklin Church of Nazarene Norman Palmer	140 W. Branigan Franklin 46131	405	10/20/83	
2410150	Horse Shoe Camp Mrs. Overby	R.R. 4 Franklin 46131	106	10/21/83	
2410901	Lake Motel Barbara Adams	R.R. 5 Box 310 US 31 Franklin 46131	101	10/17/83	

-----  
 NON-COMMUNITY PUBLIC WATER SYSTEMS IN INDIANA  
 == ANNUAL SITES FAILING TO MONITOR AND REPORT ==  
 ==== FOR THE YEAR 1987 =====  
 -----

REPORT DATE: 01/13/88  
 COUNTY: JOHNSON

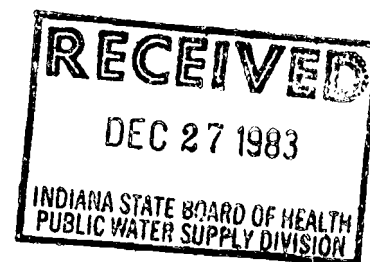
PAGE 2

THE FOLLOWING SITES DID NOT SUBMIT A  
 DRINKING WATER SAMPLE ANALYSIS FOR 1987

ID	SITE NAME / CONTACT PERSON	MAILING ADDRESS/ CITY, ZIP CODE	CLASS CODE	LAST BACT DATE	SAMPLE TYPE
10902	Sleep-N-Time Freda Tillison	R.R. 5 U.S. 31 Franklin 46131	101	10/17/83	
10903	Kentucky Fried Chicken Holly Young	1293 S.R. 135 Greenwood 46142	201	10/19/83	
10904	Waverly Dairy Queen Marie Haggard	9500 S.R. 144 Martinsville 46151	201	/ /	
10905	Johnson Co. Sale Pavillion Delbert Cox	R.R. 5 Franklin 46131	410	10/25/83	
10909	Smiley's Mills Market Ron White	R.R. 4 Box 85 Franklin 46131	410	10/21/83	
10910	Roto Grill Ron Grose	R.R. 5 Box 255A Franklin 46131	201	10/20/83	
10915	Bert's Family Restaurant Jeannie Dietrich	9502 S.R. 144 Martinsville 46151	201	/ /	

December 21, 1983

Mr. John Bennett, E.P.S.  
Johnson County Health Dept.  
P.O. Box 25  
Franklin, IN 46131



Dear John:

We have completed our survey of non-community water supply systems in Johnson County. There were 34 systems surveyed and sampled during our initial investigation.

The laboratory analyses of drinking water samples confirmed that none of the sources in Johnson County exceeded the maximum contaminant level (20 mg/l) for nitrate-nitrogen. However, there were three sources which exceeded Safe Drinking Water Act standards for coliform bacteria. Enclosed are copies of the notices we mailed to the owner/operator of the systems found to be in violation. In all cases the owner/operators were encouraged to contact your office for assistance in correcting the contamination problem.

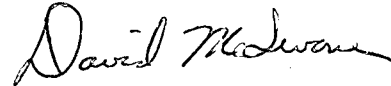
As we explained during our initial conversation, Indiana University does not have the authority to require compliance with drinking water standards. We are certain, however, that you do not want the residents and visitors of Johnson County to be exposed to a potentially harmful situation. Thus, we are seeking your help in resolving the problems that have been identified.

Should the contamination problem persist, the Safe Drinking Water Act requires the public be properly warned of any potential hazards before using the water. Therefore, we have enclosed a notice which should be placed in an obvious location at the facility.

Mr. John Ronscott, R.P.S.  
December 21, 1963  
Page 2

We appreciate your cooperation in this matter, and if we may be of assistance please feel free to contact us.

Sincerely,



David McSwane  
Principal Investigator

BN:rlb

Enclosures

cc: Water Supply Section  
Indiana State Board of Health

Drinking Water Section  
Region V - EPA